

**ANSWERS TO FREQUENTLY ASKED QUESTIONS
HFS 45 FAMILY CHILD CARE RULE REVISIONS EFFECTIVE 03/01/2005
(07/2005)**

Forms and publications may be obtained from the Department of Health and Family Services Bureau of Regulation and Licensing website http://dhfs.wisconsin.gov/rl_dcfs/INDEX.HTM.

1. What do family child care centers need to do with their policies and procedures, and when must they be submitted to the licensing specialist? HFS 45.04(2)(e)

Centers are required to review their existing policies and procedures, make any necessary revisions and submit the revised policies and procedures to their licensing specialist by September 1, 2005, along with a completed CFS-2356 Policy Checklist – Family Child Care Centers. All centers must be in compliance with the licensing rules effective March 1, 2005.

2. I need a second provider to meet the staff-to-child ratios. What entry-level qualifications does my helper/employee need? HFS 45.05(1)(b)

Any provider required to meet the staff-to-child ratios must meet the entry-level training qualifications for a provider as specified in the rule.

If a center is licensed to care for children under age 2 years, all providers must have completed either the 10 hours of training in infant and toddler care (Fundamentals of Infant and Toddler Care is the non-credit course which meets this requirement) or the 40 hours of training (two courses called Introduction to the Child Care Profession and Fundamentals of Family Child Care together meet this 40-hour training requirement) prior to working with children. Both sets of training requirements (Introduction to the Child Care Profession & Fundamentals of Family Child Care together with the Fundamentals of Infant and Toddler Care) must be completed within 6 months of starting to work with children.

If a center is not licensed to care for children under age 2 (licensed for ages 2 and above), all providers have 6 months to complete the required training (Introduction to the Child Care Profession and the Fundamentals of Family Child Care courses).

Additional providers are also required to complete Infant-Child CPR training and continuing education as required by the rule.

3. When do substitutes need to meet the entry-level training requirements? HFS 45.05(1)(B)3.

Substitutes must meet the entry-level training requirements once they have worked in a program for 240 hours. The 240 hours are accrued cumulatively, not annually. Training must be complete at the time the individual reaches 240 hours. Documentation of the hours worked must be kept on file at the center.

4. What is required for orientation of additional providers and substitutes? HFS 45.05(2)(a)

Providers who are not the licensee and substitutes need to have an orientation prior to working with the children. The items that must be covered in the orientation are listed in HFS 45.05(2)(a)1. through 9. The CFS-2255 Staff Orientation Checklist – Family Child Care Centers is the form a center must use to document orientation.

5. What is required for orientation of emergency back-up providers? HFS 45.05(2)(b)

Because, by definition, emergency back-up providers will be used only on an occasional basis, the rule requires that a brief orientation occur immediately prior to being left alone with children. The orientation must cover the names and ages of children in care, arrival and pick-up information for each child including the names of people authorized to pick-up the child, the location of the children's files and the procedures to reduce the risk of SIDS if a center is licensed to care for children under 1 year of age. The orientation can be verbal or written, and it does not need to be documented.

6. Do substitutes and emergency back-up providers need CPR training? HFS 45.05(1)(b)5.

Substitutes will need to have completed the CPR training once they have worked in a center for 240 hours. Emergency back-up providers are not required to have CPR training.

7. Can a person be both a substitute and an emergency back-up provider? HFS 45.03(7) & (32)

Yes. A person is considered a substitute when they provide care on a pre-arranged basis. A person is considered an emergency back-up provider when they provide care for short periods of time when the regular provider is required to leave the center to deal with an emergency. Only the hours that a person works as a substitute need to be documented.

8. Do I need to record actual times when a child is in care for attendance purposes? HFS 45.04(6)(b)

Yes. The rules require that daily attendance, including the hours of arrival and departure need to be recorded. Because sometimes children's schedules change, it is important to have the daily attendance reflect the actual times that a child is in attendance. Since a provider's own children under age 7 are considered in the care of the center, the hours that a provider's own children are present must be recorded daily as well. If children leave and/or return during the day, the daily attendance record may have several entries for a child during a given day.

9. May trampolines be used by children in care? HFS 45.07 (3)(e)

No. Trampolines are considered a hazard. They may not be used by children in care nor may they be in areas accessible to children (This includes mini-trampolines).

Inflatable bounce surfaces, (such as bounce houses, moon walks, etc.) are considered trampolines.

10. Does holding a child's hand when you are getting ready to cross a street constitute physical restraint? HFS 45.07(2)(c)3.

No. Physical restraint does not include holding a child to calm or comfort him/her, holding a child's hand or arm to escort the child from one place to another, moving a disruptive child who is a danger to him / herself or others and is unwilling to leave an area when other methods such as talking to the child have proved unsuccessful or intervening or breaking up a fight.

11. Can we use the general menus prepared by the USDA Child and Adult Care Food Program? How do we record these menus? HFS 45.07(5)(d)

Yes. Master menus supplied by the USDA Child and Adult Care Food Program can be used to meet the requirement that all centers maintain accurate records of meals served to children. The record must contain the meal number, and the center must have a list of the meal numbers available for review by parents and the licensing staff. If any changes/substitutions are made to one of the master menus, that change must be noted on the meal record.

12. If a parent of a child under age 2 asks a center to administer an over-the-counter (OTC) medication (such as Tylenol or cold syrup), do they need a note from the physician? HFS 45.07(6)(f)1.

The rule requires that the dosage instructions must be included on the medication label. For some types of OTC medications, such as Tylenol or cold syrup, the label instructions indicate that a physician should be consulted for children under a certain age (typically under age 2). The CFS-59 Authorization to Administer Medication has been revised to include a statement to be initialed by the child's parent indicating the child's physician has been consulted and the dosage instructions are consistent with the physician's recommendation. However, a parent's authorization may not exceed the time specified on the label of the medication (usually 7 – 10 days).

Parents may not sign an authorization for an OTC medication that exceeds the length of time on the label unless that medication has been prescribed by a physician. If a child needs to be given an OTC medication on an "as needed" basis to treat an on-going problem such as seasonal allergies, a prescription for the use of this medication is required.

13. My cat or dog needs to be able to eat throughout the day. How can I make the food dish accessible to the animal if I must use all the space in my home for child care? HFS 45.07(7)(f)

If pets need to eat at certain times throughout the day and there is no area in the center that is not accessible to children, the licensee must make the pet food area inaccessible to children. However, the food dish may never be located in a food preparation, storage or serving area. There are several ways to do this. One way might be to place the feeding dish in a room and then, by use of a gate or door, make the room inaccessible to children while the animal is eating. Once the animal finished eating, the pet food would be removed and the room opened up for children once again. Another way to make the pet feeding dishes inaccessible to children might be to place the food in an enclosed container such as a box or cage that children can not access.

14. I have cats or dogs that are allowed in areas of my center that are accessible to children. I have homeowners insurance. Is this all I need to meet the requirement for liability insurance? HFS 45.07(7)(h)

Not necessarily. Some homeowners or rental insurance policies limit coverage to 6 or fewer children. Your policy must specify that coverage includes the number of children in your licensed capacity. In other cases, homeowners or renters insurance will not cover a business operation such as child care or will not cover the presence of cats or dogs in a child care setting. Check with your insurance agent to ensure that your child care operations (covering the total number of children in your licensed capacity) and your cats and dogs are covered under your homeowners or renters insurance.

Some insurance policies will list the types of pets that are covered. In other cases, pets are covered unless the policy specifically excludes them from coverage. A copy of the policy and a receipt showing coverage will be accepted as proof of insurance. You can also ask your insurance agent to send a certificate of insurance to your licensing specialist as proof of insurance.

15. Can children under age 1 sleep in a swing or car seat? HFS 45.07(2)(c)

No. All children under 1 year of age must be placed to sleep on his or her back in a crib. If a child falls asleep in a swing or car seat, the child must be removed from the swing or car seat and placed to sleep on his or her back in a crib. Only the child's physician may authorize a sleep position other than the back for a child under 1 year of age. Once a child is able to roll over unassisted, the child may assume the sleep position most comfortable to him/her.